Late-Breaking Science
Submission Guidelines

Submission is now closed.

Guidelines for Late-Breaking Science Presentations
Late-Breaking Science sessions are innovative and provide the latest breakthroughs in clinical science. These sessions provide notable exposure and recognition for studies likely to have a significant impact on clinical practice and/or to make significant advances in a scientific field. The American Heart Association is excited to receive your late-breaking science!

Submission: Abstracts submitted via the Late-Breaking submission process are expected to contain, **at a minimum, the study design**. Information on the characteristics of the patients enrolled is desirable as well. If available, the major trial results should be summarized and will be maintained confidential. Each submission must include a $300 online payment. If accepted, the abstract may be modified in the fall for publication, since the trial data presented at Scientific Sessions will be published electronically on the *Circulation* Web site. Any questions or concerns can be sent to Mary Lu Hare, mary.lu.hare@heart.org.

We understand the flexibility needed for trial timelines. For trials closing close to the deadline, please reach out to Mary Lu Hare and she will forward your concerns to the Chair and Vice Chair of the Committee on Scientific Sessions Program.

Four types of research for submission:

- Late-Breaking Randomized Clinical Trial: Clinical trials should evaluate a comparison.
- Clinical Trial Update: This includes updates of a previously presented clinical trial or secondary analysis from the prior year.
- High Impact Science from Clinical Registries or Observational Studies
- Large Scale COVID-19 Clinical Data Related to Cardiovascular Disease

Themes:

Antithrombotic	First in Man/Drug Discover	Lipids
CAD/ACS	Health Services	ReSS
Cardiometabolic	Heart Failure	Stem Cells
COVID-19	HTN	Stroke
Electrophysiology	Imaging	Surgery
Epidemiology/Prevention	Interventional	Vascular

Abstracts:

Abstract Character Limitations
Character Max Limit: 2500
Character Min Limit: 50
Table Count Penalty: 250 Characters
Graphic Count Penalty: 250 Characters

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The abstract with the overall design and major results which you submitted for consideration may be edited online in preparation for publication in *Circulation*. Further information with a link to the site will be sent to you from AHAScientificSessions@abstractsonline.com when this is available in mid-October. The final abstract provided to AHA will be published in *Circulation*.

- Abstract Copyright Transfer Agreement was collected at time of abstract submission. If you selected "Yes", your abstract will be published in the online *Circulation* supplement and the online Program Planner. If you selected "No", your abstract will be **EXCLUDED** from publication in online *Circulation* supplement and the online Program Planner.

- If you submitted an abstract to the Scientific Session 2021 general abstract submission (April – June) that has the same focus as the abstract submitted to the LBS program, in may only be accepted in one format on the Scientific Sessions 2021 program. If accepted in both the general abstract submission and the LBS submission, please let Mary Lu Hare (mary.lu.hare@heart.org) and AHAScientificAbstracts@heart.org know via email so that we can withdraw the abstract accepted in the general program.

- If you submitted an abstract(s) with separate analysis apart from this trial/presentation, that is acceptable. An abstract submitted to the general abstract submission for consideration in the general program that includes information other than the primary data from the clinical trial may be considered for presentation in the regular program at Scientific Sessions on a case-by-case basis and only after presentation of the main trial data, unless other scheduling has been agreed to by the Committee on Scientific Session Program (CSSP) and AHA staff. Please notify AHAScientificAbstracts@heart.org and Mary Lu Hare (mary.lu.hare@heart.org) if another abstract based on the clinical trial was submitted via the regular abstract submission process.

Presentations: A trial that is accepted to present in a late-breaking or featured science session can ONLY have a single individual to present the trial. Multiple presenters will not be permitted as the logistics to support place a strain on the time limitations allotted to the session. This will be strictly enforced.

- We understand that there are often multiple investigators involved in a trial. At this time, please note that only **one presenter** from your trial is allowed to present. Please keep in mind that the Meet the Trialists session provides additional opportunities for other presenters of your trial to participate at Sessions. You ***may*** be receiving an additional information about this later in the year.

- You are allowed up to 12 slides that may be used during your presentation. Please do not exceed this number for any reason. These slides must be shared with the assigned discussants, moderators and panelists before the presentation. AHA staff will work directly with the presenters to facilitate this exchange of embargoed materials.

- We request that a manuscript be submitted if it is available. It will be especially helpful for discussants and moderators to prepare for their presentation in addition to the slides. **Please be assured that your information will remain completely confidential.**

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Featured Science:

During Late-Breaking Science submission, you have the option to select if your abstract may be considered for a Featured Science abstract. This means if your abstract is not selected to be presented as a Late Breaking Science abstract at Sessions 2021, it may be considered for a Featured Science abstract, and can be slotted as an oral presentation. Embargo policy for Featured Science remains the same as Late-Breaking Science.

Note: Industry announcements required by the SEC (Security Exchange Commission) must be approved by AHA prior to release and any level of information released without approval will be considered an embargo break.

Embargoed Media Briefing: Late-Breaking Science will be considered for embargoed media briefings or other news activities, where select principal investigators or their representatives will discuss the results of their studies and answer questions with members of the media. Times may vary slightly.

AHA/ACC/ESC Acceptance/Embargos: Abstracts related to a clinical trial submitted for consideration for presentation at the American Heart Association, American College of Cardiology and European Society of Cardiology cannot be presented at the other two meetings. After acceptance by one of the organizations, that organization's specific embargo guidelines prevail. An embargo means that results from the trial cannot be presented or announced in any forum prior to presentation at the meeting to which it has been accepted. Violators will be banned from participating in the clinical trials for two full cycles or for two of each organization's meetings (AHA, ACC or ESC).

AHA Embargo Policies:
Clinical trial results are prohibited from release until date and time of AHA designated embargo time. **For late-breaking science the embargo time is the date and time of presentation at Scientific Sessions 2021**. Clinical trial sponsors **must** comply with embargo guidelines established by the American Heart Association.

You are prohibited from sharing written embargoed information with anyone outside of the AHA with the exception of journal manuscript submission. **Important Note: Industry announcements required by the SEC (Security Exchange Commission) must be approved by AHA prior to release and any level of information released without approval will be considered an embargo break.** However, you may conduct one-on-one embargoed media interviews as long as the reporter agrees to abide by the embargo policy. Failure to honor embargo policies will result in the trial being withdrawn on site and barred from presentation. Failure to honor this embargo policy may also jeopardize future acceptance of clinical trials and presentation at Scientific Sessions. Therefore, it is essential to recognize that presentations at unofficial satellite meetings or unofficial press conferences before the scheduled AHA embargoed media briefings are not allowed. This embargo policy will be strictly enforced.

Investigator Meetings: The only exceptions to the above-mentioned embargo policy is closed investigator meetings for participants in the trial. Such investigator dinners or meetings in which

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trial results will be discussed should be held the evening before their scheduled presentation after 7 p.m. Central Time to avoid unintended public disclosure of trial results. Graphics (slide or print) that contain key trial results should be kept to a minimum and not distributed. Media or other outside parties may **not** be invited to these events.

Simultaneous Journal Publication of Clinical Trials: Simultaneous publication of Clinical Trials is acceptable and encouraged as long as the embargo policies of the AHA and the involved journals are coordinated. If a clinical trial has been submitted to and accepted for publication, the presenter is responsible for ensuring that the journal editor respects the AHA publication embargo policy. Publication of a clinical trial either in print or on a journal web site prior to presentation at Sessions will necessitate withdrawal of the trial from the program.

Note: **Industry announcements required by the SEC (Security Exchange Commission) must be approved by AHA prior to release and any level of information released without approval will be considered an embargo break.**